

NOV 17 2005

PTO/SB/01 (04-05)

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INDICATION FORM**

| | |
|------------------------|--------------------------------|
| Application Number | 09/776,498 |
| Filing Date | February 5, 2001 |
| First Named Inventor | Jensen, John |
| Title | Method and System to Enable... |
| Art Unit | 3629 |
| Examiner Name | VIG, NARESH |
| Attorney Docket Number | 2027-01 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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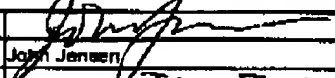
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| <input checked="" type="checkbox"/> Firm or Individual Name | IPLA P.A. | | |
| Address | 3580 Wilshire Blvd 17th Floor | | |
| City | Los Angeles | State | CA |
| Country | US | Zip | 90010 |
| Telephone | 213-637-5833 | Email | firm@ipla.com |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-------------------|---|-----------|--------------|
| Signature |  | Date | 11/17/2005 |
| Name | John Jensen | Telephone | 213-383-4380 |
| Title and Company | John Jensen | | 310-567-0022 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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NOV 17 2005

PTO/SB/81 (04-06)

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| Attorney Docket Number | 2027-01 |

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|---|-------------------------------|-------|-----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | IPLA P.A. | | | | |
| Address | 3580 Wilshire Blvd 17th Floor | | | | |
| City | Los Angeles | State | CA | Zip | 90010 |
| Country | US | | | | |
| Telephone | 213-637-6633 | Email | firm@iplapa.com | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|-------------|-----------|--|
| Signature | | Date | |
| Name | John Jensen | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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